

United States Bankruptcy Court

IN VOLUNTARY
PETITION

Northern District of Illinois

IN RE (Name of Debtor - If individual: Last, First, Middle)

Ravenswood Medical Resources Corporation

LAST FOUR DIGITS OF SOC. SEC. NO /Complete EIN or other TAX I.D.
NO. (If more than one, state all.) 36-4005893STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code)
1229 North Branch
Suite 107A
Chicago, IL 60622COUNTY OF RESIDENCE OR
PRINCIPAL PLACE OF BUSINESS
CookALL OTHER NAMES used by debtor in the last 6 years
(Include married, maiden, and trade names.)MAILING ADDRESS OF DEBTOR (If different from street address)
Howard Samuels, assignee for the benefit of
creditors
Rally Capital Services, LLC
350 N. LaSalle Street, Suite 1100
Chicago, IL 60610

LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from previously listed addresses)

CHAPTER OF BANKRUPTCY CODE UNDER WHICH PETITION IS FILED

 Chapter 7 Chapter 11

INFORMATION REGARDING DEBTOR (Check applicable boxes)

Petitioners believe:

 Debts are primarily consumer debts
 Debts are primarily business debts

TYPE OF DEBTOR

 Individual Stockbroker
 Partnership Commodity Broker
 Corporation Railroad
 Other: _____

BRIEFLY DESCRIBE NATURE OF BUSINESS

middleman for providing medical supplies

VENUE

Debtor has been domiciled or has had a residence, principal place of business, or principal assets in the District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.

A bankruptcy case concerning debtor's affiliate, general partner or partnership is pending in this District.

FILING FEE (Check one box)

Full Filing Fee attached

Petitioner is a child support creditor or its representative, and the form specified in § 304 (g) of the Bankruptcy Reform Act of 1994 is attached.

PENDING BANKRUPTCY CASE FILED BY OR AGAINST ANY PARTNER
OR AFFILIATE OF THIS DEBTOR (Report information for any additional cases on attached sheets.)

Name of Debtor

Case Number

Date

Relationship

District

Judge

ALLEGATIONS
(Check applicable boxes)

- Petitioner(s) are eligible to file this petition pursuant to 11 U.S.C. § 303(b).
- The debtor is a person against whom an order for relief may be entered under
of the United States Code.
- a. The debtor is generally not paying such debtor's debts as they become due, unless
such debts are the subject of a bona fide dispute;
or
b. Within 120 days preceding the filing of this petition, a custodian, other than a
receiver, or agent appointed or authorized to take charge of less than substantial
of the property of the debtor for the purpose of enforcing a lien against such
property, was appointed or took possession.

U.S. Bankruptcy Court
Northern District Of IllinoisFiled: 10/26/2004
Time: 16:41:50
Debtor: RAVENSWOOD MEDICAL RESO
Case: 04-39804 Fee: 209
Chapter: 7 Rec. #: 3108148
Judge: Jacqueline Cox

1:04BK39804-BK001

FORM 5 Involuntary Petition
 (6/92)

Case No. _____

(court use only)

TRANSFER OF CLAIM

Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents evidencing the transfer and any statements that are required under Bankruptcy Rule 1003(a).

REQUEST FOR RELIEF

Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition.

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

Kevin M. Major - Regional Credit Mgr

Signature of Petitioner or Representative (State title)
Unisource Worldwide, Inc. 10/21/04

Name of Petitioner _____ Date Signed _____

Name & Mailing _____ Address of Individual _____
 850 N. Arlington Heights Rd
 Itasca, IL 60143

Signing in Representative _____
 Capacity _____

Cynthia M. Johnson 10/26/04

Signature of Attorney _____ Date _____

Johnson & Associates

Name of Attorney Firm (If any)
105 W. Adams St., Suite 3500

Address _____
Chicago, IL 60603

Telephone No.
312-345-1306

X

Signature of Petitioner or Representative (State title)
Diagnostic Products Corporation

Name of Petitioner _____ Date Signed _____

Name & Mailing _____ Address of Individual _____
 5700 W. 96th St.
 Los Angeles, CA 90045

Signing in Representative _____
 Capacity _____

X

Signature of Attorney _____ Date _____
Johnson & Associates

Name of Attorney Firm (If any)
105 W. Adams St., Suite 3500

Address _____
Chicago, IL 60603

Telephone No.
312-345-1306

X

Signature of Petitioner or Representative (State title)
Olympus America, Inc.

Name of Petitioner _____ Date Signed _____

Name & Mailing _____ Address of Individual _____
 2 Corporate Center Dr.,
 Melville, NY 11747

Signing in Representative _____
 Capacity _____

X

Signature of Attorney _____ Date _____
Johnson & Associates

Name of Attorney Firm (If any)
105 W. Adams St., Suite 3500

Address _____
Chicago, IL 60603

Telephone No.
312-345-1306

PETITIONING CREDITORS

Name and Address of Petitioner	Nature of Claim	Amount of Claim
Unisource Worldwide, Inc. 850 N. Arlington Heights Rd., Itasca, IL 60143	trade debt	\$ 273495.97 plus interest
Diagnostic Products Corporation, 5700 W. 96th Street, Los Angeles, CA 90045	trade debt	\$ 65,977.57
Olympus America, Inc., 2 Corporate Center Dr., Melville, NY 11747	trade debt	\$ 359,357.76
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims \$ 698,831.30

FORM 5 Involuntary Petition

(6/92)

Case No. _____

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Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

X

Signature of Petitioner or Representative (State title)
Unisource Worldwide, Inc.

Name of Petitioner Kevin Major Date Signed
Name & Mailing 850 N. Arlington Heights Rd
Address of Individual Itasca, IL 60143
Signing in Representative _____
Capacity _____

Wilma Splaha, Credit Manager
Signature of Petitioner or Representative (State title)
Diagnostic Products Corporation 10-21-04

Name of Petitioner Wilma Splaha Date Signed
Name & Mailing 5700 W. 96th St.
Address of Individual Los Angeles, CA 90045
Signing in Representative _____
Capacity _____

X

Signature of Petitioner or Representative (State title)
Olympus America, Inc.

Name of Petitioner Douglas Zullo Date Signed
Name & Mailing 2 Corporate Center Dr.
Address of Individual Melville, NY 11747
Signing in Representative _____
Capacity _____

X

Signature of Attorney Johnson & Associates Date

Name of Attorney Firm (If any)
105 W. Adams St., Suite 3500

Address Chicago, IL 60603
Telephone No. 312-345-1306

Cindy A. Johnson 10/26/04
Signature of Attorney Johnson & Associates Date

Name of Attorney Firm (If any)
105 W. Adams St., Suite 3500

Address Chicago, IL 60603
Telephone No. 312-345-1306

X

Signature of Attorney Johnson & Associates Date

Name of Attorney Firm (If any)
105 W. Adams St., Suite 3500

Address Chicago, IL 60603
Telephone No. 312-345-1306

PETITIONING CREDITORS

Name and Address of Petitioner	Nature of Claim	Amount of Claim
<u>Unisource Worldwide, Inc. 850 N. Arlington Heights Rd., Itasca, IL 60143</u>	<u>trade debt</u>	<u>\$ 273,495.97 plus interest</u>
<u>Diagnostic Products Corporation 5700 W. 96th Street, Los Angeles, CA 90045</u>	<u>trade debt</u>	<u>\$ 65,977.57</u>
<u>Olympus America, Inc., 2 Corporate Center Dr., Melville, NY 11747</u>	<u>trade debt</u>	<u>\$ 359,357.76</u>
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Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

X
Signature of Petitioner or Representative (State title)
Unisource Worldwide, Inc.

Name of Petitioner Kevin Major Date Signed
Name & Mailing 850 N. Arlington Heights Rd
Address of Individual Itasca, IL 60143
Signing in Representative _____
Capacity _____

X
Signature of Attorney _____ Date
Johnson & Associates

Name of Attorney Firm (If any)
105 W. Adams St., Suite 3500

Address Chicago, IL 60603

Telephone No.
312-345-1306

X
Signature of Petitioner or Representative (State title)
Diagnostic Products Corporation

Name of Petitioner Wilma Sphaha Date Signed
Name & Mailing 5700 W. 95th St.
Address of Individual Los Angeles, CA 90045
Signing in Representative _____
Capacity _____

X
Signature of Attorney _____ Date
Johnson & Associates

Name of Attorney Firm (If any)
105 W. Adams St., Suite 3500

Address Chicago, IL 60603

Telephone No.
312-345-1306

X Douglas A. Zullo - Chief Credit Officer
Signature of Petitioner or Representative (State title)
Olympus America, Inc. 10/21/04

Name of Petitioner Douglas Zullo Date Signed
Name & Mailing 2 Corporate Center Dr.
Address of Individual Melville, NY 11747
Signing in Representative _____
Capacity _____

X Cindy M. Johnson 10/26/04
Signature of Attorney _____ Date
Johnson & Associates

Name of Attorney Firm (If any)
105 W. Adams St., Suite 3500

Address Chicago, IL 60603

Telephone No.
312-345-1306

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